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# INVENTORY OF PRIVATE HEALTH PRACTITIONERS IN LUWERO, NTUNGAMO AND RAKAI DISTRICTS



The Republic Of Uganda



**MINISTRY OF HEALTH UGANDA**  
**INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)**

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Author: Dr. Rosette Kesande, Consultant SARA Project.

**Acronyms**

AIDS	Acquired Immune-Deficiency Syndrome
HIV	Human Immuno-deficiency Virus
IMCI	Integrated Management of Childhood Illness
LC	Local Council
ORS	Oral Rehydration Solution
PP	Private Practitioners
STDs	Sexually Transmitted Diseases
TBAs	Traditional Birth Attendants
THs	Traditional Healers
USAID	United States Agency for International Development
WHO	World Health Organization

## **Introduction**

In Uganda, the infant and child mortality rates are 88/1000 and 152/1000 deaths per live births (UDHS, 200/2001) with malaria, diarrhoea, acute respiratory infections, malnutrition and measles causing most of the mortality.

Only half of the 22 million population has access to government health services. Studies have shown that the community relies to a great extent on the private sector in its formal and informal shapes. (Ref: Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival in Uganda; Situation Analysis, MOH-IMCI 2001)

The Ministry of Health Public-Private Partnership Unit is developing policies for partnership with the private sector and the Child Health Division is in the process of identifying a suitable strategy to involve private practitioners in child survival that is in line with the policies and regulations of private practice in health service delivery.

Some private health providers have had formal education and are qualified to offer health services while some have not had/completed formal education and are offering services based on receiving partial training (drop outs), informal training and greatly relying on the experience they gained over time.

Private health providers are categorised as follows:

1. Private **Not** for profit providers
2. Private health practitioners (Private for profit providers)
3. Traditional medicine practitioners
4. Informal sector.

## **Importance of Conducting an Inventory of Private Health Providers.**

In order to effectively design a strategy to involve private health providers in child survival programs, it is important to know who they are, their numbers and where they are located. This is also very important information that forms the basis for guiding district level planning to integrate the private health providers in the District health services system and the inventory also provides a reference data base for future communication with the private practitioners.

## **The Objectives of the Inventory:**

1. To identify the numbers of the different types of private providers.
2. To identify their location and channels of contacting them

3. To learn about the type of service, drugs and other commodities they provide/stock.
4. To find out the interest of the private health providers in establishing partnership with the public health sector and the District Health Services in particular.

The inventory of private health practitioners was carried out in Luwero, Ntungamo and Rakai districts between the months of April and June 2002. It covered all the parishes in all the sub-counties in the three districts. It consisted of selection and training of interviewers, pre-testing of the inventory tool, field data collection and data analysis.

### **Selection of Interviewers**

The interviewers were selected in consultation with district health officials and constituted district field staff who were already involved in community-based activities. They were drawn from Community Development Assistants and Health Assistants in charge of the sub-counties. In Ntungamo district, some private health practitioners were identified to work as interviewers in the sub-counties where they were operating drug shops or clinics. The interviewers were therefore conversant with the local conditions and language.

### **Training of Interviewers**

In all the three districts the interviewers attended a full day training session at the district headquarters. The training session covered the background and objectives of the inventory and the use the information gathered will be put to. The inventory tool was studied and each question was clearly explained to get a uniform meaning and translation. The importance of quality data was emphasised. Good practices and approaches to conducting interviews were also stressed. The expectations of the participants were solicited and attempts were made to reconcile them with the objectives of the inventory.

### **Pre-testing of the Inventory Tool**

The inventory tool was pre-tested in Kakoge trading center in Nakasongola district. The purpose of the exercise was to assess the feasibility of the tool in data collection and to provide a basis for review of the instrument. It was important to ensure that the questions are clearly understood by the private practitioners. The team was divided into 5 working groups and visited drug shops, Traditional Healers and Traditional Birth Attendants. After the exercise the team met, reviewed the questions based on the feedback from the field experiences and made the necessary adjustments on the questionnaire.

## **The Inventory Tool**

The primary inventory tool was a structured questionnaire that was designed to capture the numbers of private health practitioners, their qualifications, types of the facilities, location and addresses, refresher courses attended, types of services provided, types and sources of drugs sold and, the professional councils/associations the providers are registered or affiliated with. (The inventory tool is attached).

## **Conducting the Inventory**

The inventory was conducted by one interviewer in each of the sub-counties in the districts with the guidance of a Local Council Leader or a Parish Chief. The interviewer with the help of the guide located all the private practitioners in all the parishes in the sub-county assigned to him and filled the questionnaires as appropriate. The questionnaire was administered to either the owner of the private facilities or the attendant in cases where the owner was not available at the facility at the time of the interview. At the end of each day the interviewer counted and checked all the completed questionnaires to ensure that all questions were asked and the responses neatly and legibly recorded. The number of questionnaires filled varied according to the number of private health practitioners identified in the sub-counties.

## **Supervision of Interviewers**

Monitoring and supervision during fieldwork was part of the inventory process. The supervisors who consisted of officials from the Ministry of Health, the District Assistant Drug Inspectors, In-charges of Health Sub-districts and a Researcher played important roles in ensuring quality data and that all the targeted private practitioners were covered. The supervisors' tasks included the following:

- Observing some of the interviews to ensure that the interviewers were asking the questions in the right manner and recording the responses correctly
- Making spot checks on some of the private provider facilities to be sure that all the targeted private providers were covered.
- Helping the interviewers in case of difficulties in understanding some of the concepts in the questionnaire.
- Reviewing each questionnaire to be sure it was complete and internally consistent.
- Meeting at the end of each day with the other supervisors to review the progress of the exercise and plan future work assignments.

## Data Analysis

The information collected was analysed on the last day of the exercise by the field interviewers using simple templates designed to capture the most salient features of the private practitioners required for immediate use in strategy development and district specific planning. Each interviewer analysed the information he or she collected from the sub-county assigned to him or her under the guidance and close supervision by the supervisors. The exercise was preceded by a training session on techniques of analysing data using simple designed tables. The qualitative data derived from the open-ended questions were categorised according to the different themes.

## Results of the Inventory

### Types of Facilities

A large number of Traditional Birth Attendant and Traditional Healer practices were recorded followed by drugshops and private clinics as shown in the table below. Ordinary shops where drugs are sold were fewer than what is usually perceived and only 4 pharmacies were identified in the three districts.

**Table 1: Type of Private Health Facilities/Practices in the Three Districts**

District	Clinics	Maternity Home	Drug Shop	Pharmacy	Ordinary Shop	Traditional Healer	TBA	Others
<b>Rakai</b>	57	20	241	2	69	149	740	18
<b>Ntungamo</b>	43	3	212	1	52	216	231	24
<b>Luwero</b>	74	19	321	1	17	281	368	6
<b>Total</b>	<b>174</b>	<b>42</b>	<b>774</b>	<b>4</b>	<b>138</b>	<b>646</b>	<b>1,339</b>	<b>48</b>

\* Others = homes, markets, laboratories

### Location of Facilities

The majority of the clinics and drug shops are located within towns and trading centres while the Traditional Healer and Traditional Birth Attendant practices are found in the rural areas. **Implication:** Although TBA and traditional healer practices are by far the most numerous, studies have shown that TBAs and traditional healers do not play a proportionately significant role in the management of common childhood illnesses but that drugshops and private clinics are the source of treatment for a great proportion of sick children (Ref: Multi-Country Evaluation of IMCI, Household Survey, 2001), hence interventions should initially focus on private clinics and drugshops.



### Type/Profession of Private Practitioners

The inventory asked questions on the qualifications of the owners of the private health facilities and that of any other persons working as attendants. The table below shows that private practitioners constitute mainly: Nurse-aides (37%), Nurses/midwives (25%), drug sellers only 12% (described as those who sell drugs in drug shops but have no medical qualifications) e.t.c.

Table 2: Type/Profession of Private Health Practitioners

District	Doctor	Nurse /Midwife	Clinical Officer	Nursing Assistant	Nurse Aide	Pharmacist	Ordinary Shop Keeper	Sells Drugs Only
<b>RAKAI</b>								
Owner	15	96	31	42	79	2	61	35
Attendant	4	52	7	36	111	1	9	27
<b>Total</b>	<b>19 (3%)</b>	<b>148 (24%)</b>	<b>38(6%)</b>	<b>78(13%)</b>	<b>190(31%)</b>	<b>3(0.5%)</b>	<b>70(12%)</b>	<b>62 (10%)</b>
<b>NTUNGAMO</b>								
Owner	12	85	27	3	115	1	44	63
Attendant	2	33	13	5	124	1	8	50
<b>Total</b>	<b>14(2.4%)</b>	<b>118(20%)</b>	<b>40(7%)</b>	<b>8(1.3%)</b>	<b>239(41%)</b>	<b>2(0.3%)</b>	<b>52(9%)</b>	<b>113(19%)</b>
<b>LUWERO</b>								
Owner	36	152	64	-	95	3	16	11
Attendant	7	66	26	-	173	-	11	43
<b>Total</b>	<b>43(6%)</b>	<b>218(31%)</b>	<b>90(13%)</b>		<b>268(38%)</b>	<b>3(0.4%)</b>	<b>27(4%)</b>	<b>54 (7.6%)</b>
<b>Grand Total</b>	<b>76(4%)</b>	<b>484(25%)</b>	<b>168(9%)</b>	<b>86(4.5%)</b>	<b>697(37%)</b>	<b>8(0.4%)</b>	<b>149(8%)</b>	<b>229(12%)</b>

\* Others = dentists, orthopaedic assistants, laboratory technicians, chloroquine distributors

The results also indicate that the largest proportion of **owners** of the private facilities are Nurses/ Midwives. While Nurse Aides are the largest proportion of private providers working as **attendants** in the different types of private facilities.

**Implication:** In order to achieve the desired impact, interventions need to target both owners and attendants in the private practice.

The data was further analysed to obtain the proportion of the formal/professional practitioners to that of the informal practitioners as categorized below:

Formal /professional practitioners - Doctors, Nurses/Midwives, Clinical Officers,  
Pharmacists, Allied health workers.

Informal practitioners - Nursing Assistants and Nurse Aids.  
- Ordinary shopkeepers, drug sellers and others.

For Rakai and Ntungamo, the results show that Nursing Aides/Assistants (informal practitioners) form the largest proportion (44%, 42%) respectively. The professionals who are formal constitute (34%, 30%), while drug sellers and ordinary shopkeepers were (22%, 28%). The situation in Luwero District was different with 50% of the private practitioners being formal/professionals while the other half (50%) were informal.

**Table 3: Private Health Practitioners Categorised as Professionals, Nurse-aides/Nursing Assistants and (Ordinary Shopkeepers, Drug Sellers, Others).**

	<b>RAKAI</b>	<b>NTUNGAMO</b>	<b>LUWERO</b>
<b>PROFESSIONALS</b>			
Owners	144	125	255
Attendants	64	49	99
<b>TOTAL</b>	<b>208 (34%)</b>	<b>174 (30%)</b>	<b>354 (50%)</b>
<b>NURSE-AIDES/ASSISTANTS</b>			
Owners	121	118	95
Attendants	147	129	173
<b>TOTAL</b>	<b>268 (44%)</b>	<b>247 (42%)</b>	<b>268 (38%)</b>
<b>ORDINARY SHOPKEEPERS/DRUG SELLERS</b>			
Owners	96	107	27
Attendants	36	58	54
<b>TOTAL</b>	<b>132 (22%)</b>	<b>165 (28%)</b>	<b>81 (12%)</b>

#### **Type/Profession of Private Practitioners by Type of facility.**

Table 4a & 4b below show the distribution of the different categories of private practitioners in the various facilities in Rakai & Ntungamo districts respectively. The result of the inventory show that two cadres i.e Nurses/Midwives and Nurse-aides are located/concentrated mainly in drug shops and that they also own a significant proportion of these drugshops.

**Table 4a: Type/Profession of Private Practitioners by Type of Facility in Rakai District**

(O = owner, A = attendant)

	Clinic		Maternity Home		Drug shop		Ordinary Shop		Pharmacy	
	O	A	O	A	O	A	O	A	O	A
Doctor	13	-	-	-	3	-	-	-	2	-
Nurse/Midwife	8	15	18	7	77	26	3	-	-	5
C. Officer	14	4	-	1	18	-	-	-	-	-
N. Assistant	6	22	-	6	27	18	3	-	-	1
Nurse Aid	8	22	1	2	61	64	4	-	-	1
Pharmacist	-	-	-	-	-	-	-	-	1	1
Shop Keeper	-	-	-	-	-	-	52	2	-	-
Sells drugs only	-	-	-	-	30	10	-	-	-	-

**Table 4b: Type/Profession of Private Practitioners by Type of Facility in Ntungamo**

	Clinic	Maternity Home	Drug shop	Ordinary Shop	Pharmacy
Doctor	8	-	3	-	-
Nurse/Midwife	8	3	62	5	-
Clinical Officer	9	-	18	1	-
Nursing Assist.	-	-	6	1	-
Nurse-aide	10	-	70	11	-
Pharmacist	-	-	-	-	1
Shopkeeper	-	-	-	37	-
Sells drugs only	-	-	-	-	1

## Services Offered

A considerable number of drug shops were providing clinical management services such as clinical examinations, administering injections and carrying out minor surgery e.g incisions of abscesses. On the other hand clinics were found to be selling drugs to clients even without prescriptions. Drugs were also being sold in some ordinary shops.

## Types of drugs sold

There were no major variations in the types of drugs sold in the different types of private facilities. The majority had stocks of ORS, cotrimoxazole tabs, fancidar, and paracetamol. Only a few drug shops were selling bed nets. Tables 5a and 5b show the distribution of child survival drugs/ commodities in stock at private health facilities in Ntungamo and Rakai Districts respectively.

**Table 5a: Child Survival Drugs/Commodities in Stock at Private Health Facilities in Ntungamo District.**

	<b>Clinics</b>  n = 43		<b>Maternity Homes</b>  n = 3		<b>Drug Shops</b>  n = 212		<b>Ordinary Shops</b>  n = 52		<b>Pharmacies</b>  n = 1	
	# with Stock	%	# with Stock	%	# with Stock	%	# with Stock	%	# with Stock	%
ORS	21	49	1	33	122	58	9	17	1	100
Cotrimoxazole tabs	25	58	2	67	162	76	32	62	1	100
Chloroquine tabs	29	67	3	100	182	86	43	83	1	100
SP (Fancidar)	30	70	2	67	187	88	25	48	1	100
Paracetamol	27	63	3	100	174	82	43	38	1	100
Bed nets	0		0		4	2	0		0	

**Table 5b: Child Survival Drugs/Commodities in Stock at Private Health Facilities in Rakai District.**

	<b>Clinics</b>		<b>Maternity Homes</b>		<b>Drug Shops</b>		<b>Ordinary Shops</b>		<b>Pharmacies</b>	
	<b>n = 57</b>		<b>n = 20</b>		<b>n = 241</b>		<b>n = 69</b>		<b>n = 2</b>	
	# with	%	# with	%	# with	%	# with	%	# with	%
	Stock		Stock		Stock		Stock		Stock	
ORS	43	75	14	70	173	72	7	10	2	100
Cotrimoxazole tabs	39	68	15	75	173	72	28	41	2	100
Chloroquine tabs	43	75	15	75	227	94	42	61	2	100
SP (Fancidar)	39	68	12	60	186	77	17	25	2	100
Paracetamol	43	75	15	75	227	94	44	64	2	100
Bed nets	1	2	0		0		0		1	50

### Sources of Drugs for Private Practitioners

The private health practitioners buy their stocks from pharmacies located within the districts, neighbouring districts and also from pharmacies in Kampala. It was also reported that drug shops and clinics sometimes obtain drugs from each other interchangeably.

**Implication:** The pharmacies mentioned in the districts and Kampala can be traced easily and hence the use of wholesale distribution networks could be a feasible channel for contacting private practitioners.

### Legal Status/Registration

The inventory found poor compliance with registration regulations. It was established that a large number of the private practitioners were not registered with the district authorities as is indicated by the results in table 6 below. For example in Rakai district only 63 drug shops(27%) out of 237 and 19 clinics (34%) out of 56 reported to be registered at the district level.

**Table 6: Type of Facility/Practice by Registration** (Registered = R, Un-registered = UR)

	Clinic		Maternity Home		Drug shop		Traditional Healer practice		TBA practice		Pharmacy	
	R	U/R	R	U/R	R	U/R	R	U/R	R	U/R	R	U/R
Rakai	19	37	10	7	63	174	36	103	244	491	1	1
Ntungamo	20	19	1	2	83	116	23	180	83	133	-	1
Luwero	38	32	8	8	107	170	119	95	86	193	1	-

**Implication:** Interventions aimed at supporting and motivating private practitioners to comply with standards and regulations have to be included in order to improve the practice of private practitioners.

### Professional Bodies the Private Health Providers Are Affiliated To.

The Professional/formal private health practitioners are affiliated to professional councils at the national level. Nurses and midwives reported to be registered with the Uganda Nurses, Midwives and Nursing Assistants Council while the Doctors were registered with the Medical and Dental Practitioners Council and the Allied Health Professionals are registered with the Allied Health Professional Council. Other professional bodies and organisations the private practitioners were affiliated to include: The pharmaceutical Society of Uganda, the Uganda Moslem Medical Bureau, the Uganda Midwives Association, the Uganda Private Practitioners Association, Family Planning Association of Uganda and the Uganda Medical Workers Union.

The majority of Traditional Healers and Traditional Birth Attendants reported to be members of Uganda Nedagala Lyayo and the Community Based Health Care Association.

**Areas of Interest Expressed by the Private Practitioners to be Focused on During Negotiation Sessions:**

A wide range of issues were suggested by the private health providers that could be focused on during the negotiation sessions to improve their practices. These include: improving their knowledge and skills in counseling/communication with clients, drug administration/dosages, drug storage and handling, preservation of herbal medicine, record keeping, first -aid remedies at home, referral and safe mother hood practices. The others were case management of different illnesses especially resistant malaria, convulsions, measles, STDS and HIV/AIDS.

**Conclusion**

Overall, the results of the inventory show that there are large numbers of different categories of private health practitioners providing a wide range of health services to the communities. While some private practitioners are informal, lack the necessary qualifications and are not registered with the relevant authorities, a significant proportion have the potential and present opportunities that appropriately designed interventions can translate into improved health care practices. It is important to target both owners and attendants in the facilities. In order to bridge the gap between policy and practice the interventions should encourage and motivate the private practitioners to register and comply with the standards of legislative and regulatory bodies.

**Annex 1.**

The Republic of Uganda, Ministry of Health  
Integrated Management of Childhood Illness (IMCI) Unit and Malaria Control Program (MCP)

**Inventory of Formal and Informal Private Practitioners (FIPP)**

(One form for each FIPP including drug sellers and general shopkeepers who sell drugs)

Explain the purpose of the interview. Emphasize that this is not for drug enforcement purpose or for registration enforcement purpose but for studying ways of collaborating with the private practitioners as an important health delivery mechanism to the community.

1. Name of Interviewer: \_\_\_\_\_

2. Code Number: \_\_\_\_\_

3. Date of Interview: \_\_\_\_\_

4. Time of starting interview: \_\_\_\_\_

5. Time interview ends: \_\_\_\_\_

6. Location of the private practitioner: District: \_\_\_\_\_

Health Sub-district \_\_\_\_\_

County: \_\_\_\_\_

Sub-county: \_\_\_\_\_

Parish: \_\_\_\_\_

Village/LC1: \_\_\_\_\_

Urban \_\_\_\_\_

Rural \_\_\_\_\_

7. Name and address of Private facility (if available): \_\_\_\_\_

8. Type of facility: \_\_\_\_\_

(1) Clinic

(2) Maternity home

(3) Drug shop

(4) Ordinary duka/shop

(5) Home

(6) Market

(7) TBA

(8) Traditional Healer

(9) Other (specify) \_\_\_\_\_

9. Types of services offered: (Multiple Answers are allowed)

(1) Clinical management

(2) Maternity/delivery services

(3) Surgery (minor and major)

(4) Laboratory

(5) Selling drugs

(6) Traditional Treatment

(7) Other (specify): \_\_\_\_\_



10. If selling drugs, what types?

- (1) Fansidar
- (2) Chloroquine
- (3) Cotrimoxazole
- (4) ORS
- (5) Paracetamol
- (6) Bed nets

11. Name of Private Practitioner (owner): \_\_\_\_\_

12. If not owner, name of attendant(s) and relationship of attendant to owner.

NAME	RELATIONSHIP TO OWNER
Attendant 1	
Attendant 2	
Attendant 3	

13. Profession of Private Practitioner: (Select from the list below) (Put a star against the actual respondent)

	Qualification
Owner	
Attendant 1	
Attendant 2	
Attendant 3	

- (1) Doctor (graduated from school of medicine)
- (2) Nurse/Midwife
- (3) Clinical Officer/Medical Assistant
- (4) Nurse Aid
- (5) Pharmacist
- (6) Ordinary shopkeeper/duka
- (7) Sells drugs only (though not qualified)
- (8) Traditional Healer
- (9) Traditional Birth Attendant
- (10) Dispenser
- (11) Other (specify) \_\_\_\_\_

14. How long have you been practicing (or selling drugs)? (write the number of years):  
\_\_\_\_\_

15. Is your practice/service registered with any body/authority? (explain the purpose of the question: to find out the most appropriate channel of contacting the interviewee or send him/her invitations for meetings):

- (1) Yes
- (2) No

If yes, with whom?

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16. Have you had previous refresher training(s) in relation to your work?

(1) Yes

(2) No

If yes, on what subject(s)? and which institution organized the training?

Course/training	Duration	When: Month, Year	Organizing institution

17. Are you a member or do you attend meetings at any professional group or club? (write the name and location of clubs/ associations/groups that the interviewee is affiliated with):

Name	Location

18. Are you a member or do you attend meetings at any social/community group or club? (write the name and location of clubs/ associations/groups that the interviewee is affiliated with):

Name	Location

19. Where do you buy/get the drugs you issue to your patients? Write:

Name, type and location of the source/s of medicine and how often they are obtained from the above mentioned source(s) per quarter.

Name of source	Type of source	Location	No. of times drugs are obtained per quarter (per source)

20. Would you be willing to attend meetings/discussions about ensuring the quality of health care offered to children in your community? (if the answer is no, thank the interviewee and end the interview).

(1) Yes

(2) No

21. What issues of interest would you want to focus on?

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22. Which part of the day would be most convenient for you and **the reason?**

(1) Morning 8:00 – 12:00pm

(2) Afternoon 2:00 – 4:00pm

(3) Evening 4:00 - 6:00pm

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Thank the interviewee and **ask** if he/she has any questions or comments, please write them down:

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## Annex 2.

**TRAINING SCHEDULE FOR DATA COLLECTORS TO CONDUCT AN INVENTORY OF  
PRIVATE PRACTITIONERS**

<b>TIME</b>	<b>TOPIC/ACTIVITY</b>
8:30 – 9:00 am	Welcome remarks and introductions
9:00 – 9:15 am	Participants' expectations
9:15 – 9:30 am	Background information, importance of inventory
9:30 – 9:45 am	Objectives of the inventory
9:45 – 10:00 am	Methods of data collection
10:00 – 10:45 am	Interviewer skills
<b>10:45 – 11:15 am</b>	<b>TEA BREAK</b>
11:15 – 1:00 am	Review of questionnaire in order to get uniform meaning of the questionnaire and uniform translation
<b>1:00 – 2:00 pm</b>	<b>LUNCH</b>
2:00 – 2:30 pm	Debriefing on Data Analysis Tools
2:30 – 3:30 pm	Administrative and logistical issues
3:30 – 3:45 pm	Wrap up
<b>3:45 – 4:15 pm</b>	<b>TEA BREAK</b>

**Annex 4****SCHEDULE FOR DATA ANALYSIS**

9:00 – 9:15 am	Debriefing (purpose of exercise)
9:15 – 9:45 am	Sharing of field experiences
9:45 – 10:15 am	Review of responses to ensure consistency in recording and coding
10:15 – 10:45 am	Data analysis methods (Analysis tables)
10:45 – 11:00 am	TEA BREAK
11:00 – 1:00 pm	Data analysis (quantitative)
1:00 – 2 :00 pm	LUNCH BREAK
2:00 – 3:30 pm	Data analysis (qualitative)
3:30 – 4:00pm	Reviewing and collecting results
4:00 – 4:30 pm	Wrap up and administrative issues.

## Annex 4.

**LIST OF DISTRICT PARTICIPANTS INVOLVED IN CONDUCTING THE INVENTORY OF PRIVATE PRACTITIONERS IN NTUNGAMO DISTRICT**

<b>NAME</b>	<b>DESIGNATION</b>	<b>SUB-COUNTY</b>
1. Nshemereza Annet	Private Practitioner	Kibatsi
2. Naluyange. B.	Health Assistant	Nyabihoko
3. Turyahabwe. P.	Private Practitioner	Nyabihoko
4. Asiimwe Laetitia	Private Practitioners	Itojo
5. Kesiime Jane Allen	Private Practitioner	Ngoma
6. Kyomuhendo Kellen	Private Practitioner	Ihunga
7. Muhairwe Robert	Health Assistant	Ntungamo Town
8. Tumwine Michael	Private Practitioner	Rubaare
9. Ahimbisibwe Morodokai	Field Officer-Africare	Rwekiniiro
10. Baramu Tumushabe	Senior Health Assistant	Rugarama
11. Tumwesigye Charles	Development Officer	Rubaare
12. Nuwandinda Robert	Health Inspector	Bwongyera
13. Tweshengyereze. F.	Health Assistant	Ruhaama
14. Byamukama Topha	Health Assistant	Nyakyera
15. Namanya Oliver	Health Inspector	Rukoni
16. Babigumira Ambrose	DADI	Ntungamo

### LIST OF DISTRICT PARTICIPANTS INVOLVED IN CONDUCTING THE INVENTORY OF PRIVATE PRACTITIONERS IN LUWERO DISTRICT

NAME	DESIGNATION	SUB-COUNTY
1. Kalyesubula Alex	Asst. Health Educator	Kalagala
2. Namakola. H.	Health Assistant	Katikamu
3. Kayanja Edward	Health assistant	Kasangombe
4. Ssenko Samuel	Community Dev. Assistant	Wakyato
5. Byenkya Norman	Community Dev. Assistant	Kikyusa
6. Sebadda Geoffrey	Community Dev. Assistant	Nakaseke
7. Mbabali Moses	Community Dev. Assistant	Butuntumula
8. Lwanga Kakooza	Senior Health Assistant	Kapeeka
9. Muyambi Gumisiriza	Community Dev. Assistant	Bombo Town
10. Lukwago Gerald	Health Assistant	Zirobwe
11. Kigemuzi Danstan	Senior Health Asst.	Makulubita
12. Serunkuma Daniel	Entomology Officer	Luwero Town
13. Nakamyia Esther	Health Assistant	Luwero
14. Mwesigye Fredrick	Community Dev. Assistant	Semuto
15. Mbabazi Annet	Community Dev. Assistant	Kikamulo
16. Ssenyonga Mike	Community Dev. Assistant	Nyimbwa
17. Kimbowa James	Community Dev. Assistant	Kamira
18. Mirembe Margaret	Community Dev. Assistant	Wobulenzi
19. Luwemba Godfrey	DCCA	Ngoma
20. Mpindi Richard	Community Dev. Assistant	Bamunanika
21. Lubowa Lionel	DADI	Luwero District

# **LIST OF DISTRICT PARTICIPANTS INVOLVED IN CONDUCTING THE INVENTORY OF PRIVATE PRACTITIONERS IN RAKAI DISTRICT**

<b>NAME</b>	<b>DESIGNATION</b>	<b>SUB-COUNTY</b>
Muwuluzi Ignatius	Asst. Health Educator	Luanda
Mutebi Fredrick	Health Assistant	Kyalulangira
Sodo Alosious	Community Dev. Assistant	Kirumba
Mutagobya Joseph	Community Dev. Assistant	Lwamagwa
Bwanika Emmy	Community Dev. Assistant	Rakai T/C
Ssango R. G.	Senior Health Educator	Kasaali
Mukasa Ousmane	Health Inspector	Byakabanda
Ssonko Lutaaya	Senior Health Assistant	Nabigasa
Mwanje Patrick	Senior Health Assistant	Dwaniro
Mugamba Gerald	Community Dev. Assistant	Mpumude
Mugabi David	Health Assistant	Lyantonde
Batuungi Ephram	Health inspector	Lwankoni
Mujuni Davis	Clinical Officer	Kaliiro
Mpalanyi Andrew	Clinical Officer	
Mutebi simon	Health Assistant	Kyebe Island
Kitayimbwa Yasin	Senior Health Assistant	Kalisizo
Ssemwezi Patrick	Community Dev. Assistant	Kagamba
Ssentongo. A	Senior Health Assistant	Kyebe Main
Matovu Fatuma	HMIS Officer	Kyotera
Kaddu Lubega	District Health Inspector	Kabiira
Kintu Peter	Health Assistant	Kasasa
Karashote Elias	Health Inspector	Lyantonde T/C
Ssebyaala Amos	Health Assistant	Kibanda
Kayondo Abdul	Community Dev. Assistant	Kasagama
Isabirye Robert	Health Assistant	Kakuuto
Kapeere Daniel	Senior Health Assistant	Kacheera
Kijjumbu Christine	District Assistant Drug Inspector	Rakai District